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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/752,015	12/29/2000	Peter Perthou	08914-009001	1179

26161 7590 08/08/2011  
FISH & RICHARDSON P.C. (BO)  
P.O. BOX 1022  
MINNEAPOLIS, MN 55440-1022

EXAMINER
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BARRETT, SUZANNE LALE DINO

ART UNIT	PAPER NUMBER
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3673

NOTIFICATION DATE	DELIVERY MODE
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08/08/2011

ELECTRONIC

**Please find below and/or attached an Office communication concerning this application or proceeding.**

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**UNITED STATES PATENT AND TRADEMARK OFFICE**


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**Board of Patent Appeals and Interferences**

FISH & RICHARDSON P.C. (BO)  
P.O. BOX 1022  
MINNEAPOLIS, MN 55440-1022

Appeal No: 2009-013934  
Appellant: Peter Perthou  
Application No: 09/752,015  
Hearing Room: A  
Hearing Docket: A  
Hearing Date: Thursday, September 15, 2011  
Hearing Time: 09:00 AM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

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Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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